



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CONSUMER CREDIT COUNSELING ORGANIZATION
ANNUAL REPORT

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-115(A)
www.sccconsumer.gov
803-734-4297

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

Please Type or Print Legibly in Ink. Attach additional page(s) as necessary.
This form must be submitted to the Department by **April 15th**.
DO NOT FAX THIS FORM

1. Full Name of Credit Counseling Organization: _____
2. Trade Name (D/B/A): _____ License No.: _____
3. Contact Person: _____
4. Organization's Mailing Address: _____
(Street Address)

(City) (State) (Zip Code)
5. Telephone Number: () - Fax Number: () -
6. Which service(s) does the organization offer? (Check all that apply)
- ☐ Debt Management Plans ☐ Credit Repair Services ☐ Debt Negotiation/ Settlement
7. GENERAL QUESTIONS: Answer the following questions based on the credit counseling organization's business conducted during the **previous calendar year**.

STATEMENT	AMOUNT	
	Nationwide	South Carolina
a. Total number of existing consumers serviced by your credit counseling organization. <i>(i.e. entered into a contract before last year)</i> .		
b. Total number of new consumers serviced by your credit counseling organization. <i>(i.e. entered into a contract this past year)</i> .		
c. Total amount of fees collected from consumers. <i>(This only includes the fees you charged the consumers)</i> .		
d. Total amount of money collected from consumers for payment to creditors, if applicable.		
e. Monthly average of consumers' funds in any trust account. <i>(If a daily accounting of consumers' funds would be more accurate, please provide the daily average and indicate so in this section.)</i>		
f. Average length of a contract.	Months	
g. Percentage of consumers that enroll in a Plan, if applicable.	%	

8. PENALTIES: The Department may impose a fine of fifty dollars (\$50) for each day the Annual Report or any other required report is overdue.

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this report and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the organization's license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the duty and agrees to update and correct this information as it changes.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____. 20____

Signature of person completing the form

Notary Public For _____

My Commission Expires: _____

Type or Print your name and Business Relationship or Title